PTO/S8/17 (10-07)
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Under the Pa	respond to a collection of information unless it displays a valid OMB control number										
Elfective on 12/08/2004,							Con	plete if Known			
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818),								10/029,035-Conf. #3483			
FEE TRANSMITTAL					Filing Date			December 28, 2001			
For FY 2008								Young BAE			
101112000					Examiner Name F			R. N. Kackar			
Applicant claims small entity status. See 37 CFR 1.27					Art Unit 1			1792			
TOTAL AMOUNT OF PAYMENT (\$) 460.00					Attorney Docket No.			3449-0921PUS1			
METHOD OF PAYMENT (check all that apply)											
Check	Credit Card	[];	Money Order	No	ne C	Other (pl	lease identi	fy):			
X Deposit Account Deposit Account Name Birch, S									rt, Kolasch &	Birch, LLP	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)											
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee											
Charge any additional fee(s) or underpayments of x Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17											
FEE CALCU			u,,u,								
1. BASIC FILIN	IG, SEARCH, A	ND EXA	MINATION FE	ES						**************************************	
		FILIN	IG FEES	SE	ARCH FEE	S	EXAMII	NATION FEES	;		
Application T	uma l	-nn (#)	Small Entity	Fa- /6	Small E		E (6)	Small Entity	F	D+1-1 (#)	
Application To Utility	Abe i	500 (\$) 310	<u>Fee (\$)</u>	Fee (\$			Fee (\$)		Fees	Paid (\$)	
· -			155	510	255		210	105			
Design		210	105	100	50		130	65			
Plant		210	105	310	155		160	80			
Reissue		310	155	510	255		620	310			
Provisional		210	105	0	0	,	0	0			
2. EXCESS CLAIM FEES Small Entit Fee Description Fee (\$) EeB (\$)											
Fee Description Each claim over 20 (including Reissues)										25	
Each independent claim over 3 (including Reissues)									50 210	105	
Multiple dependent claims								370	185		
<u>Total Claims</u> Extra Claims Fee (\$) Fee P							L.	luitiple Depende			
11 -20 = x =					ara (4)	-	_		Fee Paid (='	
	iber of total claims					-	4		. CD L DIO 1	21	
Indep. Claims	Extra Cla		Fee (\$)	Fee I	Paid (\$)					_	
1	-3=	— "				•					
HP = highest num	ber of independent	claims pak	for, if greater the	n 3.		•					
3. APPLICATIO											
If the specifica	ation and drawi	ngs excee	ed 100 sheets o	f paper	(excluding (electror	nically fi	iled sequence or	computer		
listings und	ier 37 CFR 1.52	?(e)), the	application siz	e fee du	e is \$260 (\$	130 for	r small e	ntity) for each a	dditional 5	0	
	action thereof.								F	D-14 (6)	
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)									Fee Paid (\$)		
100 = /50 = (round up to a whole number) x = 4. OTHER FEE(S)										Paid (\$)	
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$)											
Other (e.g., late filling surcharge): 1252 Extension for response within second month									460.00		
SUBMITTED BY		- /			•						
Signature	7,2	MA 0	L. Che	167	Registration N		40,953	Telephone	(703) 20)5-8000	
Name (Print/Type) Esther H. Chong						n.j		Date	April 16, 2008		